OFFICIAL

31a

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-			
	State:		VERMONT			
Citation 1902(a)(52) and 1925 of		Families	Receiving Extended Medicaid Benefits			
the Act	(a)	Services provided to families during the fit 6-month period of extended Medicaid benefit Section 1925 of the Act are equal in amount duration, and scope to services provided to categorically needy AFDC recipients as descaped to the ATTACHMENT 3.1-A (or may be greater if providing the ATTACHMENT 3				
	(b)	Services provided to families during the second 6-month period of extended Medicaid benefits under section 1925 of the Act are				
		se re ma	ual in amount, duration, and scope to rvices provided to categorically needy AFDC cipients as described in <u>ATTACHMENT 3.1-A</u> (or y be greater if provided through a caretaker lative employer's health insurance plan).			
		se re th in	qual in amount, duration, and scope to rvices provided to categorically needy AFDC cipients, (or may be greater if provided rough a caretaker relative employer's health surance plan) minus any one or more of the clowing acute services:			
		_7	Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.			
			Medical or remedial care provided by licensed practitioners.			
			Home health services.			
			/			
TN No. 91 Supersedes TN No. 91		Date 4	4/37/92 Effective Date 11/1/91			
III IIO91			HCFA ID: 7982E			

OFFICIAL

HCFA ID: 7982E

31b

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-
	State:		VERMONT
Citation	3.5	Families (Continu	S Receiving Extended Medicaid Benefits ned)
			Private duty nursing services.
			Physical therapy and related services.
			Other diagnostic, screening, preventive, and rehabilitation services.
			Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
			Intermediate care facility services for the mentally retarded.
		_7	Inpatient psychiatric services for individuals under age 21.
			Hospice services.
			Respiratory care services.
			Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.
TN No. 91- Supersedes TN No. 87-	Approval	Date 4	/27/92 Effective Date 11/1/91

31c

OFFIGIAL

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	UEDMONT	ОМВ	No.:	0938-
	State:		VERMONT			
<u>Citation</u>		nilies Rec ontinued)	eiving Extended	i Medicaid	Benef	<u>its</u> .
	(c)_/	fees,	gency pays the deductibles, coealth plans offewer as payments	oinsurance ered by th	, and e care	similar costs
			1st 6 months		2nd 6	months
	Ĺ.	employ	gency requires o yers' health plo pility.	caretakers ans as a c	to en	roll in on of
			1st 6 mos.	/ 2nd	6 mos	; .
(d)// (1) The Medicaid agency families during the extended Medicaid be following alternative					6-mont	th period of
		<u></u>	Enrollment in employer's hea	the family	y optio	on of an
			Enrollment in employee healt	the family	y optio	on of a State
			Enrollment in uninsured.	the State	healt	h plan for the
		<u></u>	organization ((HMO) with 50 percent	a pre Medic	lth maintenance paid enrollment aid recipients d Medicaid).
			/ /			
TN No.	91-12 es Approval	Date	4/37/92	Effective	Date _	11/1/91
TN No.			/ /	HCFA ID:		

Revision:	HCFA-PM-91- AUGUST 1991	4 (BPD)	ОМВ	No.:	0938-
	State:		VERMONT			
	Scate.					
Citation	3.5 <u>E</u>	Continu	Receiving Extered)	nded Medicaid	Benef	its
		descr offer	ement 2 to ATTAC ibes the alterna ed, including re ients have acces ty.	ative health c equirements fo	are p	lan(s) uring that
	(2)	The agency				
		(i)	Pays all premiu	ums and enroll for such plan(ment s).	fees imposed
		(ii)	Pays all deduct the family for	tibles and coi such plan(s).	nsura	nce imposed on
	_					
				~		
		•				
			,			
Supersede	91-12 s Approv	al Date	4/27/92	Effective Da	ate _	11/1/91
TN No.	90-21		, ,	Wans Yn	7000	-

HCFA ID: 7982E